



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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June 04, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

12 June 4, 2014

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL DISTRICTS AFFECTED) (3 VOTES)

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12815887 in the amount of \$ 4,726.39
2. Account Number 12768159 in the amount of \$ 3,868.95
3. Account Number 12799611 in the amount of \$ 16,666.67
4. Account Number 12808974 in the amount of \$ 5,000.00
5. Account Number 12816485 in the amount of \$ 3,606.15
6. Account Number 12826849 in the amount of \$ 4,866.90
7. Account Number 12809487 in the amount of \$100,000.00

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

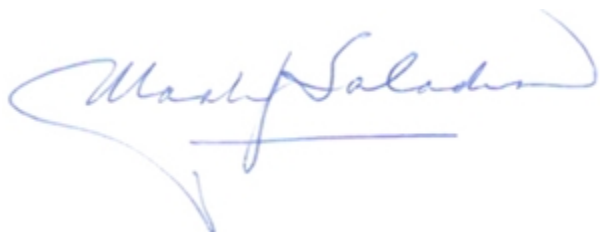
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

Respectfully submitted,



MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:apl

Enclosures

c: Chief Executive Officer

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130A

Amount of Aid	\$90,608.00	Account Number	12815887
Amount Paid	0.00	Name	Adult Male
Balance Due	\$90,608.00	Service Date	02/02/2013 – 07/22/2013
Compromise Amount Offered	4,726.39	Facility	LAC USC Medical Center
Amount to be Written Off	\$85,881.61	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$90,608.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 4,726.39	31.51%
Attorney Cost	820.83	820.83	5.47%
County of Los Angeles	90,608.00	4,726.39	31.51%
Net to Client	N/A	4,726.39	31.51%
Total	\$96,428.83	\$15,000.00	100.00%

Our financial investigation reveals that the client lives with his cousin and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130B

Amount of Aid	\$28,511.00	Account Number	12768159
Amount Paid	0.00	Name	Adult Male
Balance Due	\$28,511.00	Service Date	10/29/2012 – 11/15/2012
Compromise Amount Offered	3,868.95	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$24,642.05	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$28,511.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	1,282.21	1,282.21	8.55%
Aaron Coppelson, M.D.	2,285.00	310.07	2.07%
Dr. Michael Smith	1,774.00	240.75	1.61%
Industrial Pharmacy	505.56	69.60	0.46%
Max MRI Imaging	2,050.00	278.18	1.85%
McCormick Ambulance	1,713.00	232.45	1.55%
County of Los Angeles	28,511.00	3,868.95	25.79%
Net to Client	N/A	3,717.79	24.79%
Total	\$43,120.77	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130C

Amount of Aid	\$174,890.00	Account Number	12799611
Amount Paid	0.00	Name	Adult Female
Balance Due	\$174,890.00	Service Date	08/25/2012 – 04/29/2013
Compromise Amount Offered	16,666.67	Facility	LAC USC Medical Center
Amount to be Written Off	\$158,223.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile verses scooter accident. She was treated at LAC USC Medical Center at a cost of \$174,890.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 16,666.66	\$16,666.66	33.33%
Attorney Cost	0.00	0.00	0.00
County of Los Angeles	174,890.00	16,666.67	33.33%
Net to Client	N/A	16,666.67	33.34%
Total	\$191,556.66	\$50,000.00	100.00%

Our financial investigation reveals that the client is homeless and unemployed. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130D

Amount of Aid	\$42,295.00	Account Number	12808974
Amount Paid	0.00	Name	Adult Male
Balance Due	\$42,295.00	Service Date	05/02/2013– 06/21/2013
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$37,295.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$42,295.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	252.00	252.00	1.68%
County of Los Angeles	42,295.00	5,000.00	33.33%
Net to Client	N/A	4,748.00	31.66%
Total	\$47,547.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130E

Amount of Aid	\$33,915.00	Account Number	12816485
Amount Paid	0.00	Name	Adult Female
Balance Due	\$33,915.00	Service Date	07/12/2012 – 09/09/2013
Compromise Amount Offered	3,606.15	Facility	LAC USC Medical Center
Amount to be Written Off	\$30,308.85	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$33,915.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$13,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,166.66	\$ 4,166.66	32.05%
Attorney Cost	256.48	256.48	1.98%
Emergency Department Physicians	671.00	71.35	0.55%
Good Samaritan Hospital	3,557.19	378.23	2.91%
Los Angeles County Fire Dept.	1,005.30	106.89	0.82%
San Fernando Valley Radiology Medical Group	38.00	4.04	0.03%
County Of Los Angeles	33,915.00	3,606.15	27.74%
Net to Client	N/A	4,410.20	33.92%
Total	\$43,609.63	\$13,000.00	100.00%

Our financial investigation reveals that the client is unemployed and lives with her sister, who supports her financially. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130F

Amount of Aid	\$133,707.00	Account Number	12826849
Amount Paid	0.00	Name	Adult Female
Balance Due	\$133,707.00	Service Date	02/21/2013 – 08/12/2013
Compromise Amount Offered	4,866.90	Facility	LAC USC Medical Center
Amount to be Written Off	\$128,840.10	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a pedestrian versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$133,707.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	323.00	323.00	2.15%
County of Los Angeles	133,707.00	4,866.90	32.45%
Net to Client	N/A	4,810.10	32.07%
Total	\$139,030.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and lives with her boyfriend, who supports her financially. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.
130G

Amount of Aid	\$507,161.00	Account Number	12809487
Amount Paid	0.00	Name	Adult Female
Balance Due	\$507,161.00	Service Date	03/01/2012– 04/25/2012
Compromise Amount Offered	100,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$407,161.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a fire accident. She was treated at LAC USC Medical Center at a cost of \$507,161.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$500,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 157,496.10	\$132,496.10	26.50%
Attorney Cost	117,503.90	117,503.90	23.50%
James Coleman, M.D.	104,476.00	50,000.00	10.00%
Olympia Medical Center Hospital	305,389.22	50,000.00	10.00%
County of Los Angeles	507,161.00	100,000.00	20.00%
Net to Client	N/A	50,000.00	10.00%
Total	\$1,192,026.22	\$500,000.00	100.00%

In this case, the attorney's costs, which included investigative, legal, interpretive services, and trial document production costs, were unusually high. The attorney explained that these services enabled him to settle the case and avoid a potentially lengthy and costly trial. After the attorney's fees and costs, 40% of the settlement is available for the medical providers.

Our financial investigation reveals that the client has a marginal income and lives with her daughter. She has no other source of income or tangible assets.